

2020-21 Registration Renewal Application Form

DEADLINE for completed application form and payment of fee: May 1, 2020.

Please print clearly & complete all sections. Failure to do so may cause delays in processing your renewal application.

A. Personal Information

First Name Last Name Middle Initial

CMTPEI Registrant Number: PE_____ (This # can be found on your existing CMTPEI Certificate)

B. Home Contact Information

Street Address City/Town Province Postal Code

Home Phone # Cell Phone# Email Address

C. Business Contact Information (if applicable)

If you have not provided the College with a business address, your home address will be deemed to be your practice location and listed on the Public Registry. If you have additional practice locations, please provide all the following information on a separate sheet of paper.

Effective Date of Employment (mm/dd/yyyy) Business Name

Street Address City/Town Province Postal Code

Business Phone # Business Email Address Business Website

D. Communications

Preferred Mailing Address for College Communications: Home Business
Preferred Telephone Contact: Home Business Cell
Preferred Email Address: Home Business

E. Professional Liability Insurance (A copy of Insurance must accompany this renewal)

My professional liability insurance policy includes coverage for:

_____ per occurrence and _____ aggregate
Amount (per occurrence minimum is \$2,000,000) Amount (aggregate minimum is \$2,000,000)

per year. My professional liability insurance is provided by _____,
(Name of insurance Company)

with Policy Number _____ and is valid from _____ until _____
effective date m/d/y expiry date m/d/y

F. Eligibility for Renewal

1.	Have you been found guilty of an offence under a federal, provincial or municipal law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Has there been a finding of professional negligence or malpractice against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you been charged with, found guilty of, or convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Has there been a finding of professional misconduct, incompetence or incapacity, or any like finding against you, in any regulated profession including Massage Therapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in any jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered **Yes** to any of the questions in **Section F**, please provide details of the circumstances and any supporting documentation with this application form. This information will be assessed by the Registrar to determine if you should be reviewed by the College Council. You will be contacted by the Registrar if a referral to the Council is required.

G. PERSONAL DECLARATION:

I certify that I have read and understood the: <ul style="list-style-type: none"> • PEI Regulated Health Professions Act R.S.P.E.I. 1988, Cap. R-10.1 • PEI Massage Therapists Regulations • CMTPEI Code of Ethics • CMTPEI Standards of Practice. 	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
I certify that the statements made by me in the renewal application are true and complete. I am aware that misrepresentation or falsification may result in rejection of my registration renewal application. I will immediately report to the Registrar anything that would alter my responses to any of the questions contained in this renewal application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that I must be current and competent in my practice to safely provide massage therapy services to the residents of Prince Edward Island. (To be deemed current under the Act, you must have performed a minimum of 500 practice hours in massage therapy <u>OR</u> completed your massage therapy education program within the last 3 years).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that as a registered massage therapist, I must use the Code of Ethics in conjunction with the Standards of Practice, workplace policies, and legal requirements to guide my practice and behavior.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that as a Registrant, I must and will update my business contact information with the College within 14 days of securing or changing employment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that I am required to have a Criminal Record Screening that includes a <u>Vulnerable Sector Check</u> and that I am required to show proof of this check if called upon in an audit. (VSC must be renewed every 5 years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registrant Signature: _____ Date: _____		

This application must be submitted no later than May 1, 2020 along with a \$350.00 renewal fee by e-transfer. Applications can be sent via Canada Post to the College address or can be digitally scanned (must include an electronic signature) and emailed to registrar@cmtpei.ca .

Send payments by e-transfer to payment@cmtpei.ca using password: cmtpei2020

Please contact the Registrar at registrar@cmtpei.ca for additional payment options.

Deadline for Renewal must be met. Missing a deadline will result in additional fees, including a late fee, reinstatement application fee (where applicable), and unauthorized practice fee (if applicable).